



The Commonwealth of Massachusetts
Department of Labor & Workforce Development
Division of Occupational Safety
399 Washington Street, 5th Floor
Boston, MA 02108
Tel: (617)727-7047 (800) 425-0004 (MA Only)
Fax (617)727-7568

Please complete all sections below by printing or
typing the required information, this notification should be submitted
no less than ten (10) days prior to beginning course.

COURSE NOTIFICATION FORM FOR
**ASBESTOS & LEAD
TRAINING PROVIDERS**

(In accordance with the provisions of
M.G.L. c. 149, §. 6-6F and 453 CMR 6.05)
& (In accordance with the provisions of
M.G.L. c. 111, §. 189A-199B and 454 CMR 22.00)

License # _____ School Name _____

☐ Asbestos ☐ Lead Company Contact _____

Phone Number _____

Fax Number _____

Asbestos Training Courses

Asb Worker Initial		Asb Supervisor Initial		Project Designer Initial	
Asb Worker Refresher		Asb Supervisor Refresher		Project Designer Refresher	
Asb Worker Spanish Initial		Inspector Initial		Management Planner Initial	
Asb Worker Spanish Refresher		Inspector Refresher		Management Planner Refresher	
Project Monitor Initial		Project Monitor Refresher		Associated Project Worker Initial	

Lead Training Courses

Lead Worker Initial		Lead Cont/Super Initial		Spanish Lead Worker Initial	
Lead Worker Refresher		Lead Cont/Super Refresher		Spanish Lead Worker Refresher	
Lead-Safe Worker Initial		Lead-Safe Cont/Super Initial		Lead-Safe Cont/Super Refresher	
Lead-Safe Worker Refresher					

Course Date(s): _____

Exact Training Location _____

(FOR OFFICIAL USE ONLY)

5/2000

NOTES:	COURSES APPROVED BY:	DATE RECEIVED: